



Atty Docket No. 021911-000300US

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Group Art Unit 1635

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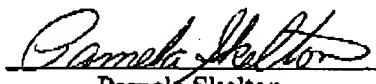
I hereby certify that the following document(s) in re Application of Susan Mary Kingsman, Application No. 09/445,375, filed March 21, 2000 for TUMOR TARGETED VECTOR is being facsimile transmitted to the Patent and Trademark Office on the date shown below.

Document(s) Attached

1. Transmittal Form
2. Fee(s) Transmittal, and
3. Fee(s) Transmittal

Number of pages being transmitted, including this page: 4

Dated: April 23, 2004

  
Pamela Skelton

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60199013 v1



PTO/SB/21 (08-03)

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/445,375
		Filing Date	March 21, 2000
		First Named Inventor	Kingsman, Susan M.
		Art Unit	1635
		Examiner Name	J. E. Angell
Total Number of Pages in This Submission	3	Attorney Docket Number	021911-000300US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fee(s) Transmittal
Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual	Townsend and Townsend and Crew LLP Kawal Lau	
Signature		
Date	April 23, 2004	

CERTIFICATE OF MAILING			
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Typed or printed name	Pamela Skelton		
Signature			Date April 23, 2004

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# O P E R A T I O N S P A T E N T & T R A D E M A R K O F F I C E APR 23 2004 JC189 **Fee Transmittal for FY 2004**

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 680)

**Complete If Known**

Application Number	09/445,375
Filing Date	March 21, 2000
First Named Inventor	Kingsman, Susan M.
Examiner Name	J. E. Angell
Art Unit	1635
Attorney Docket No.	021911-000300US

**METHOD OF PAYMENT (check all that apply)**

Check  Credit Card  Money Order  Other  None  
 Deposit Account:

Deposit Account Number 20-1430

Deposit Account Name Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

- Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) or any underpayment of fee(s)  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

**FEE CALCULATION**
**1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	180	2005	80	Provisional filing fee	

SUBTOTAL (1) (\$ 680)

**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

Total Claims	Extra Claims	Fee from below	Fee Paid
		X	
Independent Claims		X	
Multiple Dependent		X	

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	85	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 680)

\*or number previously paid, if greater. For Reissues, see above

**FEE CALCULATION (continued)**
**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1051	130	Surcharge - late filing fee or oath	
		1052	50	Surcharge - late provisional filing fee or cover sheet	
		1053	130	Non-English specification	
		1812	2,620	For filing a request for reexamination	
		1804	920*	Requesting publication of SIR prior to Examiner action	
		1805	1,840*	Requesting publication of SIR after Examiner action	
		1251	110	Extension for reply within first month	
		1252	420	Extension for reply within second month	
		1253	950	Extension for reply within third month	
		1254	1,480	Extension for reply within fourth month	
		1255	2,010	Extension for reply within fifth month	
		1401	330	Notice of Appeal	
		1402	330	Filing a brief in support of an appeal	
		1403	290	Request for oral hearing	
		1451	1,510	Petition to Institute a public use proceeding	
		1452	110	Petition to revive – unavoidable	
		1453	1,330	Petition to revive – unintentional	
		1501	1,330	Utility issue fee (or reissue)	685
		1502	480	Design issue fee	
		1503	640	Plant issue fee	
		1480	130	Petitions to the Commissioner	
		1807	50	Petitions related to provisional applications	
		1806	180	Submission of Information Disclosure Stmt	
		8021	40	Recording each patent assignment per property (times number of properties)	
		1809	770	Filing a submission after final rejection (37 CFR § 1.12(e)(a))	
		1810	770	For each additional invention to be examined (37 CFR § 1.129(b))	
		1801	770	Request for Continued Examination (RCE)	
		1802	900	Request for expedited examination of a design application	

Other fee (specify) 5 copies \_\_\_\_\_

15

Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 680)

**Submitted By**

Name (Print/Type)	Kawai Lau	Registration No. (Attorney/Agent)	44461	Telephone	858-350-6100
Signature				Date	April 23 2004

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Pamela Skelton	(Depositor's name)
(Signature)	
April , 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/445,375	03/21/2000	SUSAN MARY KINGSMAN	DYOU23.001AP	9861

TITLE OF INVENTION: TUMOR-TARGETED-VECTOR

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	<input checked="" type="checkbox"/> YES	\$1330 665	\$0	\$1330 665	05/18/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
ANGELL, JON E	1635	514-044000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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Oxford Biomedica (UK) Limited, Oxford, United Kingdom

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

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(Authorized Signature) Kawai Lau 44,461 (Date) April 23, 2004

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